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ABSTRACT

Data are presented from structured interviews conducted with 340 youths from the Monroe-Pratt neighborhood of Baltimore (Maryland). Interviews reveal lifestyle and community environmental factors that increase the risks of youth experiencing failure in educational and occupational attainment. Suggestions are made for improving the educational climate and educational practices. The interviews were conducted as part of the Young Adult AIDS Prevention Project. Sixty-one percent of the sample was White, with 35 percent African American, and nearly equal numbers of males and females. Factors considered included: (1) the home environment; (2) peer relationships; (3) community threats and resources; (4) alcohol and other drugs; (5) mental health problems; (6) dating and sexual behavior; (7) early parenthood; and (8) jobs and educational aspirations. Existing educational programs are reviewed, and suggestions are made for rethinking educational programs for multiproblem youth. Practical approaches are outlined to improve neighborhood training programs, reduce dropouts, and promote family communication and parent participation. An example is given of a proposed innovative, collaborative educational program for multiproblem youth. Ten tables illustrate the discussion and provide additional information about the survey sample. (Contains 32 references.) (SLD)

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ED 373 121

# Street Wise or School Smart: Risky Choices in the Time of Urban Decay

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*Teri - 14 years old - is in a focus group with her sister and a friend. She's still in school, even though she has an IV drug habit that has lasted for the past two years. She lives in an ethnically white, economically depressed South-Western Baltimore neighborhood where families are geographically stable for generations even though many of these families are headed by substance abusing parents. Teri tells the outreach worker: "The only people who care if I live or die are my tricks - these middle aged, middle class guys who come from the suburbs to be with me." She says she wants to go to college, but high school is boring and she'll probably drop out when she turns 16. She can make more money not being in school all day. Many of her friends feel the same.*

## INTRODUCTION

Baltimore is a neighborhood town, a city of mostly ethnically and economically segregated communities. To the west of the successful urban renewal of the Inner Harbor is the decaying Monroe-Pratt area where the neighborhoods are known by such names as "Pig Town," "Chocolate City," and "Dog Town." They include well known racially-segregated corners where Whites and Blacks buy street drugs and trade money for sex with the neighborhood teens.

The Monroe-Pratt row-house neighborhoods are filled with multi-generation families. Many are dysfunctional and contain parents who are longtime injecting drug users (IDU's). These are the families that couldn't or didn't choose to escape the decaying urban core. Uneducated, unskilled and unemployed, their rent is cheap, their horizons short. These neighborhoods - once vibrant with small shops, manufacturing businesses, and upwardly mobile working class families - are now most alive at night when it is easiest to trade in drugs and sex. When they leave school, they may leave home, but they often stay in their neighborhood. The local economy doesn't support many legal opportunities for part-time employment of teens, and even traditionally work-oriented teens in the Monroe-Pratt neighborhoods find it expedient to trade in sex and drugs.

The composition of Baltimore's student body in its public schools reflects the ethnic and economic segregation of the city's communities. Approximately 80% of the students are black, 19% white, and 1% are from other ethnic/racial backgrounds. About 25,500 students participate in the Chapter I program while 60% (65,197) of the students qualify for free lunches based on federal criteria. About one-half of Baltimore City Public School youth drop out at 16. There are 178 public schools in Baltimore with a total of 108,663 students. Of this number, there are 13,941 pre-kindergarten and kindergarten students, 57,579 elementary school students (grades 1 to 6), and 37,143 secondary school students (grades 7 to 12). When these youth leave school and home they don't necessarily leave their birth neighborhood. Baltimore is a neighborhood town, and people don't change one for another often.

Parallel to the high school drop out rate are incidents of drug abuse by youth in Baltimore. Forty-six percent of all juvenile arrests in 1991 were for drug-related offenses (Baltimore City Police Department Report, 1991). Baltimore City Public Schools documented 688 cases of student violence, most related to drug use and sales (Baltimore City School Police Report, 1990). There were also 110 reported incidents of students carrying or using weapons. In fact, 47% of all suspensions within the schools were a result of either physical violence or weapon possession (Baltimore City School Police Report, 1991). In addition, the schools reported a total of 322 thefts and 39 cases of robbery in the schools.

Clearly, Baltimore's school system and educators face great challenges both in motivating youth to be serious students and in keeping school safer for them. How can such teens learn to view schooling as the means to a socio-economic lifestyle both different from and better than that of their families? Fortunately, we have available both quantitative and qualitative data gathered from youths living in the Monroe-Pratt neighborhoods that highlights the challenges and illustrates how the youths themselves suggest solutions to the problems. These data on the youths and their educational needs were derived from a street outreach education project directed by the staff of a Baltimore community based organization called HERO, an acronym for the Health Education Research Organization.

Chapter Goals This report presents data obtained from structured interviews conducted with 340 youths from the Monroe-Pratt neighborhoods. The interviews reveal both lifestyle and community environmental factors that increase the risks of those youths experiencing failures in educational and occupational attainment, and make them vulnerable to a host of health and life-threatening life-styles involving drugs, violence, teen pregnancies, and such health problems as HIV/AIDS. In this chapter, we will discuss the improbability that the public schools alone with their existing programs can adequately prepare this sample of inner-city youth for the future. We want to describe how the teaching mission must change to become more responsive to current family and community life of the student. In light of confidential information shared by multi-risk youth growing up in a multi-threat urban

environment, we offer some insights as to how schools and teachers can begin to re-think current educational policies. We will suggest some alternative collaborative approaches and settings that, if implemented in partnership with schools and community agencies, may help protect these youths from experiencing current school failures and from developing future socio-economically unproductive and unhealthy lifestyles. The proposed innovative programs are based on our understanding about who these youths are, the facts about their current living situations, their educational goals and aspirations, their early job experiences, and their occupational expectations. Therefore, we will first provide glimpses of Monroe-Pratt's multi-threat environments and the risky lifestyles of its youth.

## THE PRESENT STUDY

Petey is a small, wiry White man in his late thirties. Raised in the Monroe-Pratt neighborhood, he was hired by HERO's YAAPP prog[illegible]as an "indigenous" outreach worker. Going back into h[illegible]old neighborhood where he was known as an addict and petty thief, wasn't easy at first. But, as he says, "it's the most money [he's] ever made, legal." And he also thinks about the kids he's helping.

> Petey says
> *"Myself, I've been through a lot. I've been in and out of jail most of my life and the biggest challenge of any drug user (regardless of the type of drug they use) is to be able to recover from this drug and go back into the environment. To be able to walk away and don't have no problems at all with the drug situation that they were in. This [job with HERO] is the greatest thing that's ever happened to me 'cause I was always one that never wanted to stop, you know. I did a lot of crazy things. I used to burn people with their money -- I used to take their money -- and then I used to wait for them to come back. That's crazy. But as far as death's concerned, you know, you only live and die, you live day by day, when you're popping these drugs.*
>
> *The kids we're interviewing here are just starting out. To them this is just a party, a really good time, plus they got money for the first time. I'd like to see them dealing with it today, starting today seeing how they're risking the future; but that's not going to happen.*

The YAAPP Program HERO's Young Adult AIDS Prevention Project (YAAPP) is funded under the Center for Disease Control's community based HIV prevention program (Susan Foster Kromholz, PhD, Project Director, Cooperative Agreement J65/CCU301457). It is working with large numbers of multi-problem youth who are encountered "on the streets" in inner-city Baltimore. During the past 18 months, the YAAPP program has provided over 50,000 outreach contacts for HIV education. The staff has also provided risk reduction counseling and referrals for HIV testing and other therapeutic services. This spring, the YAAPP project is beginning more intensive small-group based intervention programs to supplement street outreach.

**The Interview Assessment** The YAAPP Interview is a fully structured sequence of 300 items sampling the content domains shown in Table 1. It was developed under the direction of the first two authors (J. Rolf and J. Johnson) with the assistance of Vernessa Murphy (Project Coordinator and Administrator of YAAPP at HERO), and in its initial stages by Melissa Perry, a Johns Hopkins School of Public Health graduate research assistant. The interview required 45 to 60 minutes to complete, depending on the subject's sexual and substance use histories and current practices of health risking behavior.

INSERT TABLE 1 HERE

Potential interview subjects who met the criteria for the study (e.g., lived in the target neighborhoods) were contacted and recruited by outreach workers on the street. Some were self-referred as word spread about the YAAPP project and its interview stipend of $10. All subjects signed consent forms after being fully informed about: (1) the purpose of the project interview; (2) the confidential but non-anonymous sequence of an initial plus follow-up interview six months later; (3) the procedures to maintain privacy including a DHHS Certificate of Confidentiality; and (4) the acceptability of choosing not to respond to any questions or of terminating the interview at any time.

The YAAPP project maintained two trained part-time interviewers - one male and one female - who were not engaged in street outreach. These interviewers read the structured interviews in a standard method. On completion of the interview, the interviewer then reviewed and corrected any of the subject's responses which indicated misconceptions about HIV/AIDS. Subjects whose responses seemed to indicate health risking behaviors (e.g., substance abuse, risky sex practices) were offered a referral to a personal risk assessment session with a YAAPP outreach staff person or supervisor. No counseling was offered by the interviewers. Subjects who arrived high on alcohol or drugs were asked to return sober on another day to be interviewed. Project staff and consultants who conducted the structured interviews and focus groups with the young people from these neighborhoods found them willing to openly share their knowledge, attitudes, experiences, and

aspirations.

**The Youth** The sampling plan was designed to interview a total of 450 subjects with equal proportions of ethnically White or African American male and female youths aged 15 to 19 years who spent considerable time "on the streets" of two adjacent neighborhoods in the Monroe-Pratt area of southwest central Baltimore. Our understanding of these on-the-street youths is based on data gathered from the first 340 of 450 interviews with youths recruited on the Monroe-Pratt neighborhood streets. Table 2 summarizes some of their basic characteristics. These youths are believed to be representative of Baltimore's street youth. They appear to be attached to the small geographical neighborhood area of their families' origin. Sixty-one percent of the youths interviewed are from White ethnic backgrounds, 35% are African-American, and only 4% (N=12) are Asian or Hispanic. There are nearly equal percentages of males and females, their average age is a little older than 16 and a half (S.D.=2.5 years, range 13 to 20 years). There were no statistically significant age or gender differences between the proportions of White and African American groups in this initial sample. Overall, 60% are still in school or in a formal education program. The average grade level for all subjects is 8.7 and 7.4 for those less than or equal to 16 years of age.

INSERT TABLE 2 HERE

## STUDY FINDINGS

**Home Environment** All the YAAPP street outreach workers are disturbed by the way in which the Monroe-Pratt neighborhoods' social patterns support teenage drug and alcohol use. One of them, Coral, an attractive Black woman in her late twenties, says about a parent she knows "Almost all of her kids are using and it's not like she's directly giving them permission to do it, but they got this thing, like when her husband is there, they don't bring nobody into the house. But, when he goes out they bring tricks in. She sits right in the kitchen. When she goes upstairs they have the trick traffic in the house. She thinks that they're her kids and she loves them so she shouldn't throw them out. She keeps enabling them. Like some parents I think they're not actually giving them permission, but they're enabling them because they don't say 'If you keep on doing this you gotta leave.'

> *It has to do with the upbringing that they get, because a lot of the kids in that area, their parents are strung out on drugs so they don't have nobody to discipline them. So their parents let them do anything they want to do as long as they don't come into the room where the parents are using. Doing drugs is normal, cause that's all they see, mostly, that's all they see, especially in that area."*

These street youths are usually not homeless, and only 5.6% of our sample had ever been homeless. Almost all of them have a permanent place to live. 69% sleep in a parental household and usually count on a parent or other female relative to give them the necessary food, shelter, and clothing needed for survival. Although few say they've ever been homeless, 41% of all respondents (29% of those older than 16 years of age) say they'd left their parental home to live with a relative. Of those under 18 years of age, many had left and then returned to live with their parent(s) again. Many of these youths, therefore, see their parents on a daily basis (i.e. 83% see their mothers, 48% see their fathers), and many also frequently see grandparents (46% grandmothers and 32% grandfathers). Sixty-six percent feel close to at least one family member, and mothers and step-mothers are the ones they feel closest to (45%), followed by siblings (19%), grandmothers (10%), and aunts (8%).

**Friends and Peer Relationships** Coral knows how hard it is for the Monroe-Pratt youths to make friends outside the drug community. She says "A lot of them are in school, and then a lot of them are out of school like the young drug dealers that hang around there. Most of the ones that I see that are young teenagers out there selling drugs -- their parents are also on drugs. Then there's some that go to school -- one little girl said that going to school was very important to her, but she's not a very attractive little girl and its like she flaunted her body with her boyfriend cause it was like 'somebody liked me.' But mostly we find them on corners. Sitting on steps, and not only just the kids, but young adults. They only got a little school and they sit up there on that block, talking."

Fifty-seven percent of Monroe-Pratt youths say that they usually gather together on the street. Most of these youths have considerable contact with peers outside of school hours, and 63% say they are part of a regular group of people that hang out together. These groups tend to be comprised of three to five people. For the most part, these regular social groups are not organized into the types of violence-prone street or 'turf' gangs that are becoming so common in nearby Washington D.C., but all the necessary elements seem to be present awaiting highly motivated organizers. Only 8% of the youths also say that they don't have one or more 'close

friends'. However, of those with close friends, 47% report that these are persons four or more years older than they are. What kind of mentors might these older close friends be? Are they gainfully employed, pursuing a higher education to prepare for a white collar, technical, or professional career? Such positive role models are probably rare in this part of Baltimore with its socially and occupationally disadvantaged residents.

**Community Threats and Resources** One of the stories the YAAPP outreach workers tell illustrates the lack of things for kids to do in the Monroe-Pratt neighborhoods. Petey says "I think they need some kind of recreation, they need something to do. Most of these kids haven't even seen green grass other than weeds in their yard. There's no swimming pool at all. During the summer about five or six years ago this little girl gets hit by a truck playing in the spray from a fire hydrant. She was six years old, seven years old, she's hit by a truck, so they named this park after her and put a little wading pool in it -- a little cement swimming pool. Now they have to wait for something like that to happen before they do something again for the kids. See what I'm saying? The kids need something to occupy their mind, to get involved in some kind of sports, but they definitely need some kind of opportunities for recreation."

> Coral agrees. *"A lot of these kids will wind up being strung out on drugs and alcohol and HIV and other STDs. Maybe some might even wind up in treatment. But for now, a lot of them that want help don't have anywhere to go. Places to hang out instead of the corners where you get addicted to the lifestyle of hanging on the corners. A recreation center -- I've never seen any around. Parks. I ain't seen any around. Places where they could go. There's a couple of kids now that have come to the site office that want something to do and they talk for about fifteen minutes and that, like they're reaching out for help. Why would they just come around and talk? It's because it is somewhere to come so they don't have to hang on the corners. Come and sit and be around something positive. Talk with an adult who knows about the positive side of life."*

The youths rate their neighborhood problems and needs in Table 3. The majority of them told us in their interviews that drugs are a very serious problem and that both violence and prostitution are prevalent and frequent in their neighborhoods. Thus, it is very unsafe for teens to be 'hanging' on the streets -- especially at night. However, more than half (57%) of the youths explain that they usually 'hang' on the streets, because the neighborhood has no alternative safe (or adult supervised) leisure time facilities. The old ones have been closed due to violence and drug dealing. It's important to note that these youths also contribute to street violence. Twenty-seven percent say they have seriously harmed someone and 20% have also thought about killing someone. Still, the streets are where the teens spend their time whenever the weather permits, because alternative safe recreation areas don't exist among the closed-up buildings and former playgrounds.

INSERT TABLE 3 HERE

There is an agreement between the Baltimore Police and our youths' opinions about the threat of the drug culture. The Baltimore Police contend that much of the crime and arrests in Baltimore are inextricably related to drug problems and the drug culture. Table 4 shows the number of arrests in Baltimore during 1989, 1990, and the first half of 1991. However, the police also point out that Baltimore's youths play large roles in the drug culture. Almost 50% of all juvenile arrests in the city were for drug related offenses, substantiating the level of adolescent involvement in the drug culture (Baltimore City Police Department, 1989-1991). The total drug related arrests for males and females 17 years old and younger from 1989 - 1991 can be seen in Table 4.

INSERT TABLE 4 HERE

We also asked to identify their neighborhood's greatest needs, three of the most common responses were: clean up trash and rehabilitate decayed buildings for community use (27%), create more recreation facilities (16%), and provide more police protection(13%) to make the other priorities feasible and to reduce the violence associated with the drug trade. The latter also relates to the most frequently reported (30%) community need -- namely, more accessible and effective drug treatment programs.

We can conclude from these interviews and police data that these neighborhoods are unsafe and lack desirable teen facilities. Even so, only one third of the youths have ever left their neighborhoods to travel to other parts of the city for work or recreation. The message for education policy makers is clear: In order to acquire and practice building skills necessary to escape victimization by their multi-threat environments, young people need safe neighborhood micro-environments both during school hours and after school. Without safe places, there is great pressure to survive by adapting to a street life style and regularly practicing its most prevalent forms of behavior - non-productive loitering, using and dealing drugs, and engaging in sexual activities to relieve boredom and to generate income.

**Alcohol and other Drugs** Coral sees youth using drugs every day in the neighborhoods.

> *"They use in the houses. They smoke some reefer on the steps. There's an alley in the back of the houses, and a lot of them go up there and shoot drugs. Not as much now when it's hot (in July) because a lot of people are out on the streets. There's a shooting gallery right on the corner by our outreach office. And then you got the kind that shoot drugs over at a friend's house, and feel like its OK 'cause they're going over at a friend's house and there are only the two of them and they're getting high and the next day the friend might be another friend and then it's three and four and then they're getting high and they're thinking it's OK. Or they think it's OK because they're not doing nothing but going to see their boyfriend and taking drugs. But they're OK because they're not really doing nothing they're not supposed to do, they're still going to school and they're functioning. They're doing what they think they're supposed to be doing and their using their pleasure time, just on weekends or every day when they come home from school, and you see them snorting drugs.*
>
> *So they drink and they drug. Many times parents think it's cute to give their children alcohol. I think most of them drink automatically, and they probably do other drugs. Cause some of them think smoking reefer ain't using drugs. So they say they're not on drugs. If they're taking pills they're not on drugs. A lot of them think that the only time they're on drugs is if they're shooting."*

The Monroe-Pratt neighborhood youth shared information about their experiences with alcohol and other drugs. Table 5 lists the proportion of the 56% of the youth who report recently using different substances. Of these, 21% have used 3 or more drugs. This drug use and poly drug use is most frequent for males ($X^2$ = 19, $p<.04$) and for whites ($x^2$ =33.3, df=10, $p<.01$). A sizable proportion of the 44% who reported "no use" in the past month have tried and used alcohol and other drugs at an earlier time. In general, we can say that a majority of these youths use drugs and some of them use highly addictive hard drugs, such as heroin and cocaine. For example, heroin was reported as currently used in the past month by 16% of the sample; 13% have used injecting needles in the past six months. Other data indicate that sizable numbers of these youths are alcohol and drug abusers. Some (16%) have been in one or more drug treatment programs, and 9% wanted YAAPP to refer them to a drug treatment program. There was also some evidence to support the neighborhood's reputation for multi-generation substance abusing families. In our sample of youth, 31% of their fathers and 16% of their mothers were identified as regular alcohol users; for regular drug use, the sample reported it was true for 9% of their fathers and 3% of their mothers.

INSERT TABLE 5 HERE

Further evidence of the Baltimore City adolescent involvement with drugs is supported by the number participating in drug treatment programs sponsored by the Maryland Drug and Alcohol Abuse Administration (1990). The data shows the steady increase in these programs during the past three years with a breakdown of how many program participants were still in school. The Baltimore adolescent participants in these programs are shown in Table 6.

INSERT TABLE 6

In 1990, the Maryland Department of Education administered a survey to 5.3% of the 25,191 sixth, eighth, tenth and twelfth graders in the Baltimore City Public Schools. Extrapolating the results of this survey to include all students at these grade levels indicate that 57.7% of the children were using alcohol, 19.8% marijuana, 14.1% inhalants, 6.2% amphetamines, 5.2% barbiturates, 4.7% narcotics, 3.3% cocaine, 2.3% crack, and 2.1% heroin. In the same questionnaire, 5.2% of the students reported missing school because of substance use and 39.8% had been passengers in a vehicle driven by a driver under the influence of drugs or alcohol. One-third of the students reported they had been asked to sell drugs and 79.9% had seen people using or selling drugs. The findings also revealed heightened levels of substance abuse by girls at all ages and initial use of alcohol or marijuana beginning by ages 12-13. Almost three-fourths of the students said they witnessed others get hurt because of drugs while 15.4% said they had been hurt themselves (Maryland State Department of Education, 1990).

Another survey of adolescents in Maryland linked substance abuse to family supervision (Maryland Adolescent Survey, 1990). Students reported that when a parent or other adult was home when they arrived from school they are less likely to use any illegal substance. Furthermore, the homes with explicit rules and close adult supervision diminished the risk of drug use. Unfortunately, Baltimore has a high percentage of latch key children. A reported 17,000 students come home to an empty house and supervise younger siblings, thus providing a large group of younger students with opportunities to see their older siblings and their friends abuse drugs. Clearly, the data demonstrate the

prevalence of substance use and abuse in Baltimore and the interrelationship with violence, lack of adult supervision, disrupted family structure, delinquency, poverty, aggressiveness, and treatment programs.

**Mental Health Problems**

Mental health problems are often very prevalent in high-stress, inner-city environments. Therefore, we asked the YAAPP youth about having experienced symptoms of mental disorders and having received treatment. Twenty-four percent of the YAAPP sample have already received some professional mental health treatment, and 15% said they are now in treatment. In terms of suicide, 9% have attempted it, 20% have seriously considered it, and 30% report current symptoms of depression that may prompt it. These data indicate a great need for mental health services for the YAAPP sample of school aged youth. Therefore, counseling and social support programs must be addressed in planning new school programs for these distressed students.

**Dating and Sexual Behavior** Coral, who supported her heroin habit through prostitution, has many stories about the youths she's met during her work in the Monroe-Pratt neighborhoods.

> *"There's a [boy and girl] that's regular in the neighborhood. Both of them are teenagers, both of them should go into drug treatment. Neither one of them wants to, but they should. The young lady tricks and he rides in the car with them while they're going off with a trick. These are her regular tricks, that know both of them, and after they trick they get high and then he beats her, but its like she's not OK unless she's with him."*

Similar to adolescents across the U.S., learning to cope with sexuality is a normal part of growing up for these inner city youths. There are considerable individual differences, however, in reaching the behavioral milestones in this area. Their exposures, experimentation, and adoptions of substance use and sex practices during their pre-teen and early teen-age years also certainly impact on the quality of their school experiences. Becoming sexually active like an adult doesn't mean that they will act like adults or be treated as an adult by others. For example, at school, they are treated by teachers as older, often difficult children who can be made to conform to a student role if given constant adult supervision. On the street, these youths suffer no adult-supervision, practice substance use and sexual behaviors as if they were adults, and are even sought as sex partners by adult customers (tricks) who either live in the neighborhood or out of neighborhood.

At the time of the YAAPP interviews, 81.6% of the youths were non-virgins (87% of the whites and 76% of the African Americans). Not surprisingly, most of the remaining virgins were female. Among those who were no longer virgins, the age of first sexual intercourse ranged from ten or younger (11%) to 19 years (average age = 13.4 years). The great majority (98.5%) reported only those behaviors that were heterosexual. The ages of their first sex partners ranged from children aged 10 or less (7%) to adults in their 30's (3%) (average age of their first sexual partner = 15.2 years). Thus, for the girls, their first partners were significantly older boyfriends, or simply friends.

Non-virgin youths' levels of sexual reproductive experiences are summarized in Table 7. Ninety-eight percent had at least one sex partner during the past year, and 22% had had at least five. Not all their "romantic sex partners" came from the same backgrounds. Thirty percent reported having sexual intercourse with someone from different racial groups (e.g., blacks with white partners, etc).

INSERT TABLE 7 HERE

Table 7 also shows that non-virgin youths report having romantic partners who have socially undesirable behavioral habits (e.g., 8% practiced prostitution) as well as habits that place them at high risk for HIV infection (e.g., 18% were intravenous drug users). Poly drug use is significantly correlated ($r=.39$, $p<.001$) with having had sexual partners with higher risks for HIV. The youth in the YAAPP project report HIV risking sexual behaviors that bridge racial and age groups. Other indicators for high risk for negative health and social consequences are the youths reports that 47% have had sex when high or drunk, 31% have used drugs before at least once, and 10% do so half the time or more.

**Children of Children** Coral tells a story she says is typical.

> *"This one lady, I think she was about 16, she was in school and she was pregnant. I think she said she already had one child and her grandmother kept the child while she was in school. She didn't have sex with no-one but her boyfriend and his other girlfriend and it amazed me how she thought that was OK. She was real happy that they were the only two people she was sleeping with.*
>
> *She felt like she was safe from AIDS because she only slept with her boyfriend and his other girlfriend. A lot of times they'd do drugs together when they slept together, and she said that*



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*they'd get high and they'd have sex, and he was an older guy, she said.*

*I just told her that she still wasn't safe cause he was sleeping with both the girls, and he wasn't using condoms on either of them. And no telling how many other women that he slept with who came to him for drugs. Cause what she was saying was that his pattern was to give young girls drugs and then have sex."*

Like all teen parents, Baltimore's children leave childhood when they become pregnant. It is said in the "City that Reads," the average teen-aged girl has about a 40% chance of becoming pregnant by age 16. The sexual activity reported by the YAAPP sample was extensive and varied. Not surprisingly, these activities have produced pregnancies and children. Table 8 shows that for the total YAAPP sample, 15% have already produced at least one child, 15% of the girls have gotten pregnant, and 16% of the boys have gotten one or more girls pregnant. Among the non-virgin girls, 73% want to have a baby (or another baby) sometime, 30% want to have one in the next two years, but only 7% say they are trying to get pregnant now. Even so, Table 8 shows that 41% of the females have never gone to get birth control, 41% didn't use any contraception at last sex, and most are non-users or inconsistent users of condoms. Given these high rates of sexual activity and low rates of contraceptive behaviors, it's surprising that only 34% of sexually active girls think it's "very" or "somewhat likely" they'll get pregnant during the next 12 months. This data suggests that these youths have an attitude that "pregnancy happens," it is an unplanned event, and one that is often acceptable to themselves, their peers, and their parents. This attitude clearly conflicts with rational academic and occupational goal setting. Starting to parent a family before high school graduation and before having a work history probably dooms these youths to life in the underclass.

INSERT TABLE 8 HERE

Petey also knows teenaged prostitutes, and he's worried about the spread of HIV through the neighborhoods.

*"I know several people down there that's full-blown [with AIDS]. And the kids know this one teenaged hooker, she already has symptoms of AIDS. That's what's scary. That's what's frightening. She found out the early part of last year. So you can imagine how long they might have been HIV-positive and still doing what she was doing. I know so many of them that're shooting drugs and everything, that's why I know that there's a lot of HIV and AIDS there. A lot of people don't know it, but this HIV virus is here Big Time. And it's loaded. In this neighborhood, a lot of them are probably HIV-positive and don't know because they're not yet sick. They're strong now but eventually, once they come down with symptoms, they'll start dropping, and there're so many kids in that neighborhood, you know."*

Only about two thirds of the total sample believe that they can talk to their friends about either pregnancy prevention or STD prevention. These youth know the facts about getting pregnant, including that pregnant women pass on HIV infection to their unborn babies. Forty-six percent are worried "very much" about personally getting HIV, and 60% are "very much worried" about their friends getting infected. As with other youth, they perceive greater risks for peers than for themselves. Even so, they don't know how to intervene preventatively with their peers and their sexual partners. Designing prevention programs leading to greater student self-efficacy beliefs and communication skills around STD prevention should definitely be a topic for future education mission planning in Baltimore and similar inner cities.

Childbearing and child rearing by young females carries with it a risk for their infants. For example, infants born to teenage mothers are more likely to have lower birth weight, poor developmental outcomes, and an increase in behavior disorders when they are compared to the children of non-adolescent mothers (Zuckerman et al., 1984). Adolescent mothers themselves are at increased risk for lower education and income, which includes welfare dependency, and are more likely to have more children than adult mothers (Furstenberg, 1976). Zuckerman et al., (1987) also suggests that affective disorder in adolescent mothers may be more common than in adult mothers, and this, in turn, affects the development of their infant. Affective disorder and drug use in adolescent mothers may be critical to determining which children will have poor outcomes.

**Current Jobs and Occupational Aspirations** For many youths in the Monroe-Pratt neighborhoods, the only successful role models they have are drug dealers. Coral says:

*"The kids in school tend to be more clean and sober than the others, but they still cling to the person that's selling the drugs. The dealers that's making the fast money and the material things -- the gold chains -- have influence with all the kids. So, most of the kids imitate the fast money life to*

*some extent. Really, none of them work regular legal jobs -- so they're either stealing or tricking.*

*Petey agrees. He says that he was one of those role models, himself. And when he got clean, he realized that "not only did I have a bad heroin addiction, but I had a very bad pill addiction. And it's the truth. I could see myself from another angle. It was amazing. They could tell you a lot about when you're under the influence, and I'm going to tell you what, I couldn't believe that was me. And some of the things that I did. I thought there's no way I did that, you know what I'm saying. I mean, it was really amazing." [This is one of the reasons he began working with YAAPP Prevention Project.] "And now I have a job. I could never hold a job before. I never had that. I've always wanted to be a drug counselor. I wanted my GED, and now I've got it. So much has happened to me. If you'd known me in the past you'd never believe I was the same guy. If you talk to people out there they'd say the same thing. I changed my life, and I can help do the same for these kids."*

School curricula in the inner city strive to provide general literacy education in basic academic areas of math, science, and language skills. For high school students, an increasing aim of the curriculum is preparation either for college, or for technical and other job skills. Only a minority (16%) of the youths interviewed had a "regular" paying job at the time of the interview. Instead, drugs and sex are their two principal areas of employment. Thirteen percent have sold drugs and 8% were presently selling drugs (see Table 9). With regard to what is euphemistically termed working in the sex industry, 55% know people their own age who do sex as a kind of job, and of these half said one or more of their friends did sex as a job, but as would be expected, only 4% reported that they themselves have done sex as a kind of job. Other current jobs reported included working in a fast food restaurant or babysitting.

INSERT TABLE 9 HERE

Ninety-four percent of the sample stated that they wanted more education. When asked how far they would like to go on in school, 36% said they would like to finish high school, 58% said 2 to 4 years of college, and 3% said they would like to go on to graduate school. As we've said before, these aspirations will be difficult to achieve given the facts that they're becoming parents during junior and senior high school.

## MEETING CURRENT DEVELOPMENTAL CHALLENGES FOR BALTIMORE'S EDUCATIONAL PROGRAMS

Times are tough in the inner city. In the 1990's, many Monroe-Pratt youths will grow up too soon, street-wise, but not school smart. As they adapt to their neighborhood realities of an already nearly absent middle class and a declining working class, the traditional 3-Rs curriculum of their schools seems irrelevant to their daily lives. The local street drug and sex trades provide them with jobs and makes certain there will be contact with anti-social and dyssocial adults. Unlike school programs, these underculture trades also provide a possible means for quick gains and a way to buy into the American Dream.

Although Baltimore has an open enrollment which allows motivated students to ride city buses to another school located in any part of the city, most neighborhood youth attend local schools. In fact, the Monroe-Pratt youths typically don't travel out of their neighborhoods for any reason. Even though the neighborhoods are unsafe and lack desirable teen facilities, about one third of the youths have never left for work or recreation or just to see what's there.

Adolescence is a time of developmental growth earmarked by an elaborate transition from childhood to young adulthood; this period of maturation is characterized by unique biological and psychosocial interactive changes among many domains (Lerner and Foch, 1987). During this period, many normal developmental changes occur in several different domains; these changes, however, may not all occur at the same rate. Thus, rates of change in biological development may precede rates of change in social development both within and between individuals. Acceptance of the relevance of the developmental process in the study of problem behavior complicates causal explanations of a problem behavior syndrome. The complexity and interrelationships of developmental changes complicates any simple, linear understanding about how problems occur and how some problems are related to other problems. Our interviews provide evidence that low levels of aspiration, risky behaviors and community problems are correlated with poor school achievement and early dropout in these inner city Baltimore youths.

Youths who experience many problems generally live in multi-problem environments and come from multi-problem families. Converging evidence about social,

behavioral, and health problems in adolescence has suggested that many negative behavioral outcomes are interrelated. Many have stressed the need to identify the personality, environmental, and behavioral characteristics of young people who are at risk of experiencing problems in making the transition to adulthood. A ten year follow up of problem adolescents identified in tenth and eleventh grades showed that those who reported using illicit drugs were five times more likely than others to report later episodes of depression, mental health hospitalization, and seeing a mental health professional (Kandel, 1982).

The research of Jessor and Jessor (1977) suggests that drinking, problem drinking, marijuana use, delinquency, and sexual intercourse constitute a syndrome of adolescent problem behavior. This problem behavior syndrome has been replicated by Donovan and Jessor (1985) in later analyses of these same data, and by Donovan, Jessor, and Costa (1988) with a different sample of 1588 adolescents. The general developmental meaning of problem behavior syndrome as explained by Jessor (1987) involves psychosocial adaptation. For example, the basic tenet concerning adolescent problem behaviors such as drinking is that it is functional, purposive, and instrumental toward the attainment of specific goals related to developmental tasks. Three systems of psychosocial influence on problems behaviors are identified: personality, perceived environment, and the behavior system. The pattern of proneness towards problem behavior (e.g., drinking) underlies the multiple interactive within each system. For example, proneness towards problem drinking in the personality system consists of lower value on academic recognition, higher value on independence, independence valued more highly relative to academic recognition, lower expectation for academic recognition, greater attitudinal tolerance of deviance, and lesser religiosity. Proneness towards problem drinking in the perceived environment system is lower compatibility between parent and friends' expectations, greater perceived influence from friends than from parents, greater influence of friends' approval for problem behavior, and greater influence from friends' models of problem behavior. Proneness towards problem drinking in the behavior system includes: greater involvement in proto-delinquent behavior, greater involvement with marijuana use, and less attendance at church.

Numerous other studies of adolescents and adolescent development have also focused on the problem behaviors common during this period of life (Bachman, 1987; Elliott, Huizinga, and Ageton, 1985; Huba and Bentler, 1984; Osgood et al., 1988). These studies contend that teens who are engaged in one type of problem behavior may also be engaged in other types of problem behaviors. For example, alcohol and drug use among adolescents frequently promotes other risk taking behaviors, such as reckless driving, unprotected sexual activity, and delinquency. Accidents, homicides, and suicides, which account for about 75% of all deaths among teenagers, are frequently the outcome of these related behaviors. In 1986, 80% of the deaths among adolescents were from accidents, homicides, suicides; an increase of 51% from 1950 (Irwin and Ryan, 1989).

That so many of these behaviors are associated with conditions of social and economic disadvantage raises important questions about how social environment and family context interact with the personal attributes of individual adolescents. For example, on every major standardized test, adolescents from disadvantaged groups are concentrated in the bottom fifth of the test score distribution; they especially show disparities in reading and math scores (Berlin and Sum, 1988). Unfortunately, very little is known about the personal attributes of those disadvantaged youth that are invulnerable to the negative pressures of their multi-problem social environments. There is much to be discovered about these resilient youth, how they cope and don't imitate their failing peers.

Any new educational approach must recognize and target the existing norms of behaviors and attitudes involving substance abuse problems, mental health problems and low concern for or confidence in existing school programs. There are some important problems about the school system and the restraints on its budget that need to be considered.

**Rethinking Educational Programs**

Education program policy making is a very political process for the Baltimore Public School System. Superintendents have short tenure. PTA groups are small and are less involved than their counterparts in suburban or rural Maryland. White flight has stripped Baltimore schools of many middle-and upper-middle class youth. Shame over the city's schools' national test scores makes public discussion of new policies very sensitive for elected officials. The protracted recession has cut revenues for Baltimore's services and has exhausted discretionary funds from the State of Maryland for youth-oriented programs. At the same time, State Board of Education curriculum requirements which allowing local options for how the required topics are taught remain in place. The teen pregnancy and HIV/AIDS infection rates are rising locally. Crack cocaine is becoming more popular in Baltimore, and drug-related gangs and

violence is increasing as the New York City and New Jersey major league dealers are sending young people to Baltimore for basic turf training as if it were a kind of farm team training facility.

Now is a tough time for action in rethinking educational programs for multi-problem youth. But it must be done with all the best minds in the community regardless of their political persuasions. Because the needs are great and funding is scarce, new cost-sharing school and community collaborations are necessary. A wait and see policy won't suffice. There is no hope that things will just get better. Instead, staffing, facilities, and brain power must be linked across existing institutions to develop new curricula and to motivate and sustain learning of pro-social work oriented skills relevant to inner city realities. One example, of a new approach is the Baltimore City Public Schools and Johns Hopkins University Division of Education cooperative proposal to address the issue of substance abuse among students. A collaborative proposed grant was developed to request funding for training all the city public school counselors, psychologists, social workers and nurses to acquire better scientific and street wise understandings of drug and alcohol use and abuse, assessment skills and intervention strategies. A second level of intensive training would be provided by University faculty in an advance institute for selected participants from the schools who would then act as resources for planning new school-based interventions and out-of-school referral programs for the city public school system.

We will offer some practical models of approaches that can build low-cost bridges in specific neighborhoods between Baltimore's secondary education programs and its public service and research institutions. The goals of the collaborative program would be (1) to create jointly-funded cross-staffed neighborhood training programs emphasizing relevant life skills for after-school and out of school students; (2) to reduce pre-high school gradation dropouts while increasing active striving for pro-social occupations; (3) enhanced family communication and relations through skills training; (4) improved community involvement to provide better social and structural support systems; (5) decrease the negative stigmatization os schools so that parents and communities would begin to develop positive cooperative partnerships with schools. Perhaps for Baltimore, the resources and motivators can be found by targeting drugs, teen sexuality, and STD/HIV/AIDs. These three issues transcend the turf boundaries between school, community, and public health. Further, they provide highly relevant opportunities to find common ground and to forge new collaborations across systems. Here's how we see it from a public health education perspective.

We see some common ground as follows: The schools want their students to become increasingly competent in both abstract intellectual abilities and their ability to solve problems of personal economics and to fit into society's social systems. Furthermore, inner city schools often focus on controlling behaviors rather then teaching critical skills necessary to growth and development of youth. The orientation on behavioral control and discipline predominates at the expense of creative thinking, developmental challenges, experiences of mastery of skills and capabilities, and subsequent positive self concept. Students feel the lack of relevance of the curriculum to their developmental age and city experiences and thus further alienation is fostered.

Youths want very much to acquire skills that enable them to meet their immediate developmental challenges: to master the schools' social and academic grading systems; to accommodate their evolving self-image to their physical and psycho-sexual maturation; to gain and maintain acceptance by key social groups - family, peers, romantic/ sexual partners, and employers; and to earn sufficient money to support both basic survival needs and a chosen lifestyle. Public Health Service providers and educators want to develop, implement, and evaluate preventive programs to reduce the future incidence (new cases) and prevalence (continuing cases) of youth drug abuse, pregnancy, and STD/HIV/AIDS infections. These programs must be made to fit within the value structure of the host community and its institutions (such as the schools) and must be desired by the target population.

As we know, youth are interested in learning how to deal with drugs, sex and the HIV/AIDS threat. The community and schools are interested too, and will offer few serious barriers to public health prevention programming if resources are available for their implementation. Baltimore already supports adolescent clinics in its schools, though brief, state-mandated HIV/AIDS and drug knowledge building curriculum units with accompanying but limited attempts at health promotion and decisions-making skills training at many grade levels.

Our approach to new program development is guided by several theoretical models thought to underlie changing and maintaining behavior. The first of these principles is a general developmental perspective which describes behavioral change during development as an interaction of bio-psychological maturation processes, shaped by inherent urges to assimilate experience into cognitive schema of reality that can accommodate new experiences. Bronfenbrenner and colleagues (1977, 1982)

stress that youth always develop in contexts, and that this embeddedness in school, peer, family, and community environments constantly mediates developmental changes and skill acquisition. Robert White (1959, 1979) also states that becoming competent in building various schema and gaining mastery by adapting to new challenging experiences is inherently rewarding to children and youth. They'll work hard to gain mastery - especially when their self-esteem and social status is enhanced. Most youth are willing to work hard on understanding sex, alcohol, and other drugs, and on mastering skills which assure positive outcomes for their behaviors in these areas.

**Examples of Instructional Topics linking Street-Smarts with School-Smarts**

Instruction topics can be linked to these and other normal developmental challenges facing the youths in Monroe-Pratt. It takes very little imagination to think up ways to introduce questions on sex, drugs, and HIV into in-class exercises so that they require practice of scientific reasoning, math skills, social problem solving, enhanced self-esteem through empowerment and shared class responsibilities, and even personal values development. For example, we have thought of the some problem solving tasks which incorporate the students' understanding with some potential curriculum tasks. We have placed these in Table 10.

INSERT TABLE 10 HERE

**The Importance of Self-Efficacy** Our second guiding principal is derived from social cognitive theory (Bandura, 1986) in its earlier form widely known as Social Learning Theory (SLT). From this theory we adopt three principles for educational program development (1) building knowledge is insufficient for habit development without reinforced practice (i.e., putting new knowledge into action via work projects, play, etc.) (2) building specific self-efficacy beliefs (confidence in "I-can-do-it" expectancies) will increase the chance that one will apply the new behavior in an appropriate situation, and (3) providing skill practicing opportunities across contexts (in school and outside of school).

**The Importance of Role Models** Another component in social cognitive theory is the importance of having observable role models demonstrating both successful acquisition skills and the rewards that these new skills can bring. Peer, older youth, and adult role models are helpful in promoting imitative behavior, the latter two for their potential for mentoring.

**Mentoring** involves a transactional relationship between an experienced person and a person wanting to learn; the mentoring relationship provides opportunities to evolve competence through communication, practice and the experience of the give and take of social and personal events. Mentors provide a cultural sensitivity, flexibility in the sometimes complex world of children and adolescents, and the ability to offer constructive boundaries and limits in a fashion which can be readily received. Mentoring relationships are believed to be one of the few key factors promoting resiliency - that is, the ability to manage stressors and to "spring back" from adversity (Rutter, 1979, 1990). Mentoring is also similar to Dryfoos' (1991) "intensive individualized attention," which is one of the components of the successful prevention programs described next. However, mentors need not be professionals (e.g. social workers, case managers).

**Broadening Opportunity Structures** Opportunity structures is a construct used by Jessor, Donovan, and Costa (1991) to describe an array of key experiences during development that are necessary for high risk youth to "make it" to a healthy, pro-socially productive adulthood. The Monroe-Pratt neighborhoods and schools need to create new opportunity structures for their youth. These include: (a) In-school and after-school curricula that require the application of "street smarts" in academic course work and intellectual skill building; (b) Safe adult supervised recreational facilities; (c) Positive peer role models; (d) Positive adult role models and mentors; (e) Knowledge and skill building experiences that address the developmental challenges that are normative in the Monroe-Pratt neighborhoods; and (f) Youth training programs designed to stimulate their inherent developmental motivations toward gaining 'hands-on' competence with a range of action-oriented activities based on behavior change theories (e.g., The Social Cognitive and Social Learning Theories of Bandura, 1986); (g) Clearly defined realistic goals to offset the sense of hopelessness and offer achievable objective alternatives. We can describe elements of each of these as they relate to Joy Dryfoos' (1991) recommended components for successful preventive intervention programs.

Joy Dryfoos (1991) reviewed over 100 prevention programs (targeting social failure, juvenile delinquency, substance abuse and teen pregnancy) which provided evidence of successful outcomes. Successful prevention programs provide interventions containing: (1) Intensive individualized attention, (2) Multi-agency, school-community collaborations, (3) Early identification and intervention, (4) A locus in schools, (5) Use of school

outreach programs (6) Location of programs (or program elements) outside of school, (7) Arrangements for through program staff training, (8) Social and personal skills training, (9) The engagements of peers in interventions, (10) The involvement of parents, and (11) Links to the world of work (Dryfoos, 1991, pps. 227-234).

**An Example of an Innovative Collaborative Educational Program for Multi-Problem Youth**

We have sketched an outline of a proposal for an integrative educational program for Monroe-Pratt youth based upon the recommendations of Dryfoos (1991). Our proposed program is a multi-year sequence of packages of interventions conducted by a multi-agency team (school, pubic health and community) delivered in-school and at after-school practice and booster activities linked to recreation and work opportunity development. This means that since Monroe-Pratt lacks necessary facilities and resources, the programs are designed to have the youth learn how to create and to maintain them in collaboration with their school-public health-community institution partners. This program must have clear rules and contingencies for continued inclusion in its programs during the year and for graduation from level to level.

1. Intensive Individualized Attention The new in-school curriculum and supporting activities would be designed to require active student participation in groups. They will also require each student to embed him/herself in daily analogue problem solving situations as suggested by the sample substance use and sexuality questions listed above. Congruent with SCT/SLT theory, the curriculum would include "hands-on" project planning and execution, role playing, cooperative group work, and regular evaluations by self and instructors at each step to insure reinforcing feedback. Each student's progress would be carefully monitored for ongoing competency skills certification and the graduations to successive stages in programs. Unlike the programs reviewed by Dryfoos (1991), this kind of intensive individualized attention doesn't require a professional social worker or case manager. However, given our multi-problem student population and their mental health service needs, active participation by savvy school counselors is essential. It is they who would facilitate referrals to both professional service (e.g., substance use, mental health, reproductive health treatment) as well as to non-professional supportive community activities (e.g., church sponsored youth groups, job corps, etc).

2. Community-wide Interagency Approaches This is the second recommended program element of Dryfoos (1991). We are proposing a School-Public Health-Community Based Organization consortium (CBO). The CBO's could be either governmental [e.g., police] or non-governmental. **The Schools** would provide members of the curriculum development team, class time for the Life Skills curriculum, teacher-instructors, classrooms and after-school activity space, some materials, and the structure of school routine and discipline. They would also provide some means to link to parents. **Public Health Services Researchers** would provide health education expertise, obtain needed grant or contract funding for the program, design the interventions and their evaluations, hire and supervise the evaluation staff, conduct staff training, provide evaluation materials, and assist in linking to other service agencies including community based organizations (CBOs). **Community Based Organizations** would provide program materials, management of the collaborations, and the needed additional intervention staff including outreach workers for after school and community aspects of the program. CBO's would also provide a community-based system of supportive ongoing youth-oriented competency building and risk-reduction programs (similar to HERO's). They could also raise and provide funding for elements of the program such as those needed in work-related projects (e.g., where youth teams plan and rehabilitate abandoned property for teen recreational use).

3. Early Detection and Intervention This element means beginning the program before the target population develops so much momentum toward bad outcomes that their vulnerability and problems overwhelm the potency of the prevention intervention. Our proposed program is designed to begin at a "medium early age" -- namely, early adolescence -- and concentrate in the 6th, 7th, 8th, and 9th grades. The program's success with these initial age groups will determine whether there is a need to begin even earlier or whether the data on costs and benefits point to the need to begin later. Therefore, our programming is multi-year, involving progressively higher degrees of demonstrated competency needed to graduate to successive stages. It is also a program aimed at evaluating the longitudinal effects of this Life Skills Competency Program during the transition time into, during, and through the early and middle stages of adolescence. Finally, our program is "mass-targeted"; it would not be targeted at only the least adapted, high risk youths from multi-problem neighborhoods. We expect that there will be "responders" and "non-responders" to our program. They too need to be identified early. The non-responders can then be targeted for more intensive booster interventions or referrals for treatment as necessary.

4. Locus in Schools We described in component



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2 above how the schools would provide space, teachers, planners, and policy for the in-school program. Some leverage in promoting academic work can be gained by having access to the after-school programs contingent on in-school performance and conduct. Many of the after-school programs would be housed in parts of the school because that would make them low-cost, safe, and easily structured with school-like rules and expectations of ongoing evaluation. Again, the purpose of the after-school programs would be to boost the skills and knowledge development begun in class. Because they are interesting and relevant to street-smarts, after-school activities are reinforcing and would boost the perceived value of school attendance and academic achievement.

5. Administration of School Programs By Agencies Outside of School Dryfoos (1991) described four types of external program management. One of these is similar to our proposed model outlined in component 2. There are advantages in having the program's Principal Investigator outside the administrative hierarchy of the schools. It facilitates innovation and changing school routine. It also usually requires the external group (e.g., a university-based Principal Investigator) to be responsible for the activities also listed under "Public Health Service and Researchers" in item 2 above.

6. Location of Programs Outside of Schools To ensure generalization of behavior to real world environments beyond school, the program would attempt to implement the following: (a) Program created facilities via youth selection, rehabilitation, use and maintenance of previously abandoned neighborhood buildings [For example, a police-youth team could undertake a vacant lot cleanup to create basketball courts near police substations which would discourage drug dealing and violence on or near the courts]; (b) Street outreach activities [e.g., a joint CBO-youth team HIV/AIDS education program is a natural for an after-school 'put knowledge into action' program]; (c) Retreats where different groups (youth alone, parents without children, or children and parents together) can leave the structure of the school institution in order to spend time investigating other parts of the city that they have never seen and seeing professionals from various vocations in their work environments. Retreats may also provide time for discussion and communication among varied groups about common interests and energies for gaining mastery over neighborhood problems.

7. Arrangements for Training As indicated above, staff training and monitoring of the quality of the intervention process delivered by all participants is crucial. It is usually the responsibility of the overall program director, but requires professional trainers and evaluation staff. All participants need to believe in the program and the need for quality control in training and implementation.

8. Social and Personal Skills Training As Dryfoos (1991) points out, this general approach usually has the intervention team (a) teaching the youths about the consequences of their risky behavior then (b) giving them opportunity to practice decision making and communication skills about these risks among their peers. As outlined in item 6 above, this typically involves role playing, analysis of existing street opportunities, formal programs and media, and the identification of satisfying low-risk alternatives to high risk activities.

9. Engagement of Peers in the Intervention During adolescence, peer groups have increasing influence on shaping attitudes, behaviors and goals. In recognition of this, our program approaches the peer group issue three ways: (a) It is mass-targeted recruiting all students into the program (both high and low risk students) to influence perceived peer norms [e.g., its' normal for every teen to be doing the program]; (b) Older peers can serve as models for younger ones; but all peer-peer role playing and work-team activities [e.g., rehabilitating an abandoned building for a teen center] are intended to reinforce pro-social skills among the participants; and (c) Anti-social program disrupting peers will be segregated or selected out to avoid negative contaminations [e.g., you can't be part of the program if your high on drugs; you can't use a recreation facility that you didn't help to create or maintain].

10. Involvement of Parents First parents must give informed consent to an innovative program that includes an evaluation research component. Beyond obtaining parental permission, parents can be engaged in a number of ways: (a) Voluntary Parent Education programs would be useful and can be economically presented via special sessions in the after-school programs. (b) Parent-Outreach via "Tupperware-like" block parties or church group presentations could recruit parental understanding and involvement in the program. However, not all parents will wish to be involved. In multi-threat neighborhoods, there may be substantial percentages of dysfunctional parents whom one wouldn't want involved in program delivery. Still, teens from dysfunctional families need access to pro-social parental models. Therefore, the program would strive to recruit to the program some well-adapted parents living and/or working in the neighborhoods. The program can help share the functional parents with youths lacking positive

parental models. These functional parents could serve as instructors, monitors, storytellers, recreation teachers and facilitators.

11. Links to the World of Work The Monroe-Pratt youths have told us that they are already linked to the drug and sex industries on the street. The proposed program would strive to increase the viability of legal, local job options and would train youths to access them. At the same time, the program would create its own work ethic and blue and white collar skill-building job opportunities by linking knowledge-building curriculum topics to hands-on work projects based on youth-identified priorities (e.g., recreation). This would require youth-planned and led opinion surveys and focus groups to choose among proposed projects. Planning and feasibility study teams would develop estimates of the needed personnel, materials, time, approvals and funding. Short term work products teams would prepare planning reports, resource recruitment posters, promotional videos, etc. Each of these teams would also require the practice of peer-peer and youth-adult communications, writing up the findings, applying math skills to calculate costs and so forth. Were the chosen project to require the construction or rehabilitation of structures, these, too, would require the planning and implementation skills [from site selection and site preparation to actual building and fitting out the interior spaces to serve their intended functions.

## SUMMARY

In 1986, the enactment of Public Law 99-750, the "Anti-Drug Abuse Act", Congress mandated that high-risk target groups for prevention would be: "children of substance abusers, latchkey children, children at risk of abuse or neglect, preschool children eligible for services under the Head-Start Act, children at risk of dropping out of school, children at risk of becoming adolescent parents, and children who do not attend school and who are at risk of being unemployed." For treatment and rehabilitation efforts, projects were to: "address the relationship between drug abuse or alcohol abuse and physical chid abuse, sexual child abuse, emotional child abuse, dropping out of school, unemployment, delinquency, pregnancy, violence, suicide, or mental health problems." We interviewed youths from these recommended target risk groups during the YAAPP study. What they told us confirms that they are tough cases for educators. They are too street-wise, but not enough school smart. We have attempted to share our insights about bridging these two educational systems - the streets and the schools. This bridging too will be tough to do, but not impossible.

There is much we do not know about high risk adolescents, especially in regard to the embeddedness of problem behaviors within social contexts. We do not know how the lack of opportunities for high-risk youths living in impoverished environments affects the development of individual differences and behavioral outcomes. Clearly, more research needs to be conducted. The transition from late childhood through adolescence to early adulthood is a critically important period. There have been relatively few long-term studies focusing on individuals that allow us to predict when early disorders, behavioral deviations, and school failures will be transient or precursors of more serious and debilitating psychopathology and adult social role failures. Recently, there have been new efforts to conduct basic longitudinal studies of youth. These longitudinal studies try to master the cumbersome scientific task of identifying cause-effect relations in adolescent psycho-social development (Lerner and Lerner, 1983; Migdal, Abeles, and Sherrod, 1981; Verdonik and Sherrod, 1984). Applied longitudinal competency building intervention programs conducted in partnership with schools, public health researchers, and community groups also can explore longitudinal relationships in psychosocial development among multi-problem youth. This type of applied research, while not as experimentally rigorous as the basic longitudinal research, can still help us begin to explain specific behavioral outcomes highly relevant to the schools and the community. Different kinds of outcomes [e.g., stopping the selling of drugs] would be studied simultaneously in order to understand whether predictive antecedents discovered for one type of outcome [e.g., staying in an enhanced street wise-school smart program] are specific to it or are general antecedents leading to a broad variety of outcomes [getting a legal job]. The effectiveness of the experimental educational interventions on reducing the expression of risky antecedents could also be observed. Both causal modeling and the design of primary prevention programs would be furthered by understanding the early antecedents and paths leading to specific disorders.

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**Table 1 - Interview Item Categories**

**Personal Attributes**
- Age, gender, race, job status, & aspirations

**Educational Status and Goal**
- Current enrollment
- Grade
- Ultimate goal

**Employment**
- Current job
- Risky jobs
- Occupational goals

**Health**
- Current status
- Health care
- Resources when sick

**Living Situations**
- Live with, home leaving, homelessness

**Community**
- Problems, needs, supports, residence & travel out

**Necessities for Survival**
- Sources, dependability, health care

**Family**
- Relationships & closeness, frequency of contacts
- Drug/alcohol use, homelessness

**Recreation**
- Preferences
- Community needs

**Sex**
- First age
- Partner race & gender, risk status, and numbers
- Types of sex practice
- Pregnancies (including terminations) & children
- STD protection & contraception
- Relationships - romantic/trick, openness
- Sex with alcohol/drugs
- Sex as job or for exchange

**Alcohol & Drug Use**
- Use during past month
- Frequencies of Use
- Needle use, cleaning & sharing
- Treatment for substance abuse
- C.A.G.E. Scale
- Sell drugs & spend for drugs
- Presence at social occasions

**HIV/AIDS**
- Knowledge re. transmission & risk
- Attitudes
- Worries - own and friends
- Behaviors changed, intentions to change

**Communications with Peers**
- Sex, STD's, AIDS, pregnancy

**Self-Efficacy Beliefs re HIV/STDS**
- Communicating about HIV/AIDS
- Insisting on STD/HIV protection
- Refusing risky behaviors

**Mental Health & Problems**
- Hassles & worries
- Psychiatric symptoms & treatment
- Harm to self and others



**Table 2 - Subject Characteristics**

| | |
|---|---|
| Number | 341 |
| White (African American) | 61% (35%)* |
| Males | 54% |
| X Age | 16.68% |
| | (SD = 2.5) |
| $\bar{X}$ Grade (All Subjects) | 8.7 |
| $\bar{X}$ Grade | |
| All Subjects | 8.7 |
| Ss $\leq$ 16 years old | 7.4 |
| Now in School or educational program | |
| All Subjects | 60% |
| Ss $\leq$ 16 years old | 93% |
| Want more education | 94% |
| Education Goals (All Subjects) | |
| High School Diploma | 36% |
| 2-4 years college | 58% |
| Graduate School | 3% |

*(Doesn't show The Other Race Group, N = 12 or 4% of sample)



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**Table 3 - Community Risk Factors**

| Neighborhood Risks | Agree | Neighborhood's Greatest Needs | Rank (%) |
|---|---|---|---|
| Drugs are serious/very serious problem | 82% | Drug treatment programs | 1 (30) |
| Violence is frequent/very frequent | 79% | Clean up trash & decayed buildings | 2 (27) |
| For teens, its **unsafe/very unsafe** | 63% | Recreation facilities | 3 (16) |
| **Prostitution** is common/very common | 58% | More police protection | 4 (13) |



**Table 4 - Baltimore City Police Department Report, 1989-91**

**Drug Arrests**

| | | 1989 | 1990 | 1st 6 mos./1991 |
|---|---|---|---|---|
| Sale/Manufacturing | M | 691 | 816 | 589 |
| | F | 58 | 53 | 38 |
| Possession | M | 952 | 495 | 269 |
| | F | 108 | 47 | 41 |
| Subtotals | M | 1643 | 1311 | 858 |
| | F | 166 | 100 | 79 |
| Totals: | | 1809 | 1411 | 937 |

* M-Male, F-Female



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**Table 5 - Drug & Alcohol Use**

| Substance use during last 4 weeks | % | Other indicators of substance abuse | % |
|---|---|---|---|
| Three or more drugs listed below* | 21% | Used injecting needles last 6 mos. | 13% |
| Alcohol | 42% | CAGE score indicating alcohol abuse | 11% |
| No drugs | 44% | Ever been in drug treatment | 15% |
| Marijuana | 25% | Want to be in drug treatment | 9% |
| Smack - Heroin | 16% | | |
| Cocaine (crack) | 13(2)% | **Regular Substance Use by Parents** | |
| Opiate - other | 8% | | |
| Glue/solvents | 7% | Alcohol - Father (Mother) | 31(16)% |
| PCP | 5% | Drugs - Father (Mother) | 9( 3)% |

*Drug use and Poly drug use is more frequent for males ($x^2 = 19$, $p < .04$) and for whites ($x^2 = 33.3$, $df = 10$, $p < .01$). Poly drug use is significantly correlated ($r = .39$, $p < .001$) with having had sexual partners with higher risks for HIV.



Table 6 - Baltimore Adolescents in Drug Treatment Programs

| | Baltimore City Totals | Participants Attending School |
|---|---|---|
| 1989 | 34,070 | 1,277 |
| 1990 | 36,398 | 1,265 |
| 1991 | 49,919 | 1,385 |

*From Schaefer's (1991) Maryland's Drug and Alcohol Abuse Commission Report



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## Table 7 - Sexual Experience and Associated Health Risks

| Reports of Sexual Activity by Non-Virgins | Yes % |
|---|---|
| 1 & (5) partners last year | 98(22)% |
| (5) partners past year | |
| 1 or more partners last month | 83% |
| Sex partner from another race | 30% |
| Sex partners known to be: | |
| IVDU's | 18% |
| homosexual & bisexual | 6% |
| person with HIV/AIDS | 3% |
| person with an STD | 6% |
| prostitute(s) | 8% |
| 2 or more of above risky partners | 10% |
| Non-romantic or "trick" partners | 2% |
| Sex when high | 47% |
| Had sex when high & didn't want to | 11% |
| Drug use before sex | 31% |
| Drug use before sex ≥ 1/2 time | 10% |
| Alcohol use before sex ≥ 1/2 time | 6% |



## Table 8 - Pregnancy History and Attitudes

| All Subjects | Yes % |
|---|---|
| Females ever pregnant | 15% |
| Males who got someone pregnant | 16% |
| Have produced children | 15% |

| Sexually Active Females Teens That: | % |
|---|---|
| Want to have a(nother) baby | 73% |
| Used no birth control - last sex | 41% |
| Use birth control pills < always | 74% |
| But no birth control pills used - last sex | 46% |
| Used condom < always with romantic partner | 76% |
| Never went to get birth control | 41% |



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| Table 9 - Local Employment & Risky Jobs | % |
|---|---|
| Have a paying job | 16% |
| Ever sell drugs as a job | 13% |
| Currently sell drugs | 8% |
| Sell sex as a job | 4% |

**Table 10 - Street-Smart Topics for School Curricula** (continued)

xuality

A friend, Monica, tells you she has decided to start having sex with Mark. He's got a repu having been with other girls and no one's sure where he gets all his money. On a scale rate how confident you are that you could talk to Monica about the risks for unwanted pr About STD/HIV/AIDS? About safer options?

Divide the class into two separate groups, one with boys and one with girls. Each group s and prioritize values they want to share with their peers of the opposite sex. Groups shoul sharing their values with the opposite sex group and discussing ramifications and reaction value systems.



**Table 10 - Street-Smart Topics for School Curricula**

Alcohol and Other Drugs

1. Given Maryland's legal definitions of driving under the influence, calculate how many wine cooler (beers, mixed drinks) must be consumed in 1 (2 or 3) hour(s) to test .10 blood alcohol level for a person of your own weight.
2. The operating cost of personal automobile use includes having liability insurance required by the State of Maryland, Baltimore drivers must pay the highest rates for insurance? Why? How much insurance dollars are added to the premium when a 17 year old driver is caught DWI? How much would you save over five years by not drinking, driving and being caught DWI?
3. You've borrowed the family car to go to an away game. One of your passengers wants to bring some six packs along to drink. On a scale of 1 to 10, how confident are you, you could tell him not to bring them or get another ride? Choose two others and role play - each should take a turn, etc.
4. What are the issues involved over the dispute about drug tests for employees? What jobs require testing now? Which ones do you think will be in the future? What job market remain open to drug users? If you get treatment in order to quit using, who has access to that information? Will the government, employers, health insurance companies, your family?
5. One of your friends has been drinking or using drugs. Do you think he aor she is acting any differently? If yes, how? What is your reaction to the way they are behaving? Do you say anything? Why or why not? Choose a group and role play the situation where a friend has been using drugs or alcohol. Use a fishbowl witht he class and give feedback and reactions.



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